

PLACER COUNTY BUILDING DEPARTMENT
PERMIT PROCESSING APPLICATION
AUBURN OFFICE (530) 889-7487/TAHOE OFFICE (530) 581-6200
www.placer.ca.gov/building/building.htm

Plan Check Expires on PC NO.
Any Applicable Permits: APN:

PLEASE BE ADVISED THAT THIS APPLICATION IS PUBLIC INFORMATION!

OWNER OF PROPERTY: TELEPHONE NO:
MAILING ADDRESS:
(Complete address) Street Number, Name, Town and Zip Code
CONTRACTOR'S NAME: TELEPHONE NO:
MAILING ADDRESS:
(Complete address) Street Number, Name, Town and Zip Code
CONTRACTOR'S STATE LICENSE NO./CLASS/EXPIRATION DATE:
WORKER'S COMPENSATION APPLICABLE? YES NO
CARRIER: POLICY NO.
ARCHITECT OR ENGINEER: TELEPHONE NO:
MAILING ADDRESS:
ARCHITECT/ENGINEER'S LICENSE NO./EXPIRATION DATE:
CONTACT PERSON/ADDRESS TO SEND CORRECTION LIST: PHONE NO.
FAX NO.
CONSTRUCTION LENDING AGENCY/ADDRESS:
PROJECT LOCATION:
AREA (CITY/TOWN) STREET NO STREET NAME
NEAREST STREETS:
SUBDIVISION NAME (If applicable): LOT NO:

DESCRIBE WORK TO BE DONE:
NEW DWELLING ADDITION/CONVERSION GARAGE OTHER
NO. OF BEDROOMS NO. OF STORIES

*****OFFICE USE ONLY*****

SQUARE FOOTAGE (NEW AREA ONLY)	OCCUPANCY	VALUE	ESTIMATED P C VALUATION	PC AMOUNT
	LIVING AREA	44.90/63.65		
	UNFINISHED LIVING	35.92/50.92		
	GARAGE/STORAGE	16.00		
	PORCHES/COVERED DECK	11.50		
	DECK	6.00		
	CARPORT/BREEZEWAY	11.50		
	BASEMENT	10.55		
	GARAGE CONVERSION TO LIVING	28.90/47.65		
	SUNROOM/GREENHOUSE	16.00		
			PLAN CHECK FEE	\$
			DRIVEWAY (IF APPLICABLE)	+85.00
			TOTAL	\$

APPLICANT'S SIGNATURE
OWNER CONTRACTOR AGENT

AMOUNT PAID RECEIPT # BY: DATE: